

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Please Read Application And Notes, If Any, Attached

Permit Number 081000

This is to certify that GOODRICH KIMBERLY / Dale Bragg Builders, Inc

has permission to Install Egress Window and Sewer

AT 436 BAXTER BLVD

SEP 11

139 J006001

provided that the person or persons ~~form or~~ ~~accepting this permit~~ shall comply with all of the provisions of the Statutes of ~~Maine~~ and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

ification of inspection must be given and when permission is granted before this building or part thereof is used or occupied. ~~closed-in~~ 4 HOUR NOTICE REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. _____
Health Dept. _____
Appeal Board _____
Other _____
Department Name

[Handwritten Signature]
9/12/08
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

Scanned

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 08-1000	Issue Date:	CBL: 139 J006001
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Location of Construction: 436 BAXTER BLVD	Owner Name: GOODRICH KIMBERLY A	Owner Address: 135 TUTTLE RD	Phone: 207-450-2420
Business Name:	Contractor Name: Dale Bragg Builders, Inc	Contractor Address: PO Box 871 Portland	Phone 2078296015
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone: R-3

Past Use: Single Family Home	Proposed Use: Single Family Home - Install Egress Window and Scapewell.	Permit Fee: \$40.00	Cost of Work: \$2,000.00	CEO District: 4
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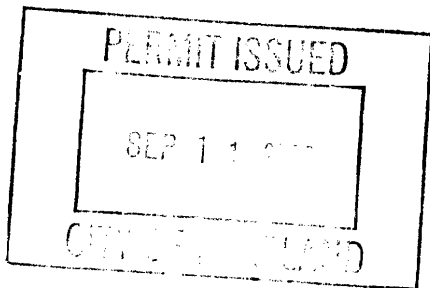
Proposed Project Description:
Install Egress Window and Scapewell.

FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied Signature: <i>[Signature]</i>	INSPECTION: Use Group: R-2 Type: SB IBC 2003 Signature: <i>[Signature]</i>
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____	

Permit Taken By: lmd	Date Applied For: 08/13/2008	Zoning Approval	
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

Special Zone or Reviews	Zoning Appeal	Historic Preservation
<input checked="" type="checkbox"/> Shoreland <i>front part of lot is in shoreland</i> <input type="checkbox"/> Wetland <i>zone - House is located beyond.</i> <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <i>14-425</i> <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>8/13/08 ABH</i>	<input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____	<input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: _____



CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT _____ ADDRESS _____ DATE _____ PHONE _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ DATE _____ PHONE _____

ELECTRICAL PERMIT

City of Portland, Me.



To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical Code and the following specifications:

Date 3-24-08
 Permit # 2008-4192
 CBL# 139-J-6-

LOCATION: 436 BAXTER BLVD. METER MAKE & # PAW 30-255-857
 CMP ACCOUNT # _____ OWNER STEVE GOODRICH
 TENANT _____ PHONE # _____

							TOTAL EACH FEE	40
OUTLETS	20	Receptacles	15	Switches	7	Smoke Detector	.20	6
FIXTURES	30	Incandescent	3	Fluorescent		Strips	.20	6
SERVICES	200A	Overhead		Underground		TTL AMPS <800	15.00	15
		Overhead		Underground		>800	25.00	
Temporary Service		Overhead		Underground		TTL AMPS	25.00	
							25.00	
METERS		(number of)					1.00	
MOTORS		(number of)					2.00	
RESID/COM		Electric units					1.00	
HEATING		oil/gas units		Interior		Exterior	5.00	
APPLIANCES	1	Ranges		Cook Tops	1	Wall Ovens	2.00	2
		Insta-Hot		Water heaters		Fans	2.00	
		Dryers		Disposals	1	Dishwasher	2.00	2
		Compactors		Spa	1	Washing Machine	2.00	2
		Others (denote)					2.00	
MISC. (number of)		Air Cond/win					3.00	
		Air Cond/cent				Pools	10.00	
	1	HVAC		EMS	1	Thermostat	5.00	5
		Signs					10.00	
		Alarms/res					5.00	
		Alarms/com					15.00	
		Heavy Duty(CRKT)					2.00	
		Circus/Carnv					25.00	
		Alterations					5.00	
		Fire Repairs					15.00	
		E Lights					1.00	
		E Generators					20.00	
PANELS	1	Service	1	Remote		Main	4.00	8
TRANSFORMER		0-25 Kva					5.00	
		25-200 Kva					8.00	
		Over 200 Kva					10.00	
						TOTAL AMOUNT DUE		
						MINIMUM FEE	45.00	60

CONTRACTORS NAME SANDERSON ELECTRIC MASTER LIC. # MS60015720
 ADDRESS 123 MOSHER RD LIMITED LIC. # _____
 TELEPHONE GORHAM 838-7413

SIGNATURE OF CONTRACTOR [Signature]
 White Copy - Office • Yellow Copy - Applicant

1039

PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS

Town or Plantation	Portland
Street Subdivision Lot #	

PROPERTY OWNERS NAME

Last: Anderson First: _____

Applicant Name: Keith Anderson

Mailing Address of Owner/Applicant (If Different):
344 Park St, Portland, ME 04101

PORTLAND PERMIT # 10495 TOWN COPY

Date Permit Issued: 1/2/08 \$ 1138 If Double Fee Charged

Seymour Howe L.P.I. # 10617
Local Plumbing Inspector Signature

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspectors to deny a Permit.

Signature of Owner/Applicant _____ Date _____

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature _____ Date Approved 1/2/08

PERMIT INFORMATION

This Application is for 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	Type of Structure To Be Served: 1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY _____	Plumbing To Be Installed By: 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>00000</u>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
<input type="checkbox"/> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.	2	Hosebib / Sillcock	1	Bathtub (and Shower)
		Floor Drain	1	Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	2	Sink
		Drinking Fountain	1	Wash Basin
OR <input type="checkbox"/> TRANSFER FEE [\$6.00]		Indirect Waste	4	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease / Oil Separator	1	Dish Washer
		Roof Drain	1	Garbage Disposal
		Bidet	1	Laundry Tub
		Other: _____	1	Water Heater
		Fixtures (Subtotal) Column 2	22	Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE